

Foster Family Home - Corrective Action Report

Provider ID: 1-516221

Home Name: Mila Burcena, CNA

94-1120 Kahuamo Street

Waipahu

HI 96797

Review ID: 1-516221-6

Reviewer: David Ayling

Begin Date: 4/27/2020

Foster Family Home

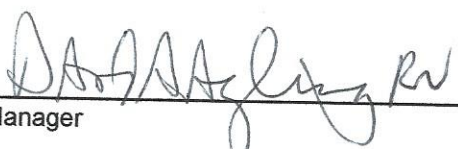
Required Certificate

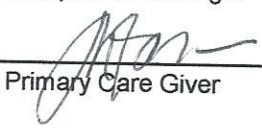
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.
Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

4/27/2020
Date

4/27/20
Date